



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE:	ELIGIBILITY REVIEWS	POLICY 11.03
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Authority: RCW 71A.16.040(3)
WAC 388-825-030 and 035

PURPOSE

This policy establishes a consistent process for completing eligibility reviews in a timely manner to ensure that only eligible individuals receive Division of Developmental Disabilities (DDD) paid services.

SCOPE

This policy applies to DDD Field Services staff.

POLICY

Eligibility can be reviewed at any time, but reviews are mandatory by age 36 months (three years), age 72 months (six years), and at least every 24 months for individuals eligible under the Inventory for Client and Agency Planning (ICAP), “Other Condition.”

- A. Minimum compliance expectations: Regions will complete the reviews prior to the sixth (6th) birthday for children who are:
 - 1. Eligible under “developmental delay” or Down syndrome; and
 - 2. Receiving a paid service.
- B. Regions will complete other eligibility reviews as follows:
 - 1. Children under age 18 determined eligible under “Other Condition” by an ICAP assessment who are age 17 and receiving paid services or request a paid service.
 - 2. Adults determined eligible under “Other Condition” by an ICAP

assessment who are not receiving a paid service, and request a paid service, including individuals in transition (e.g., 16-18 years old; admitted to state hospitals; asking for paid services for the first time).

3. Children turning age three (3) and eligible under “developmental delay.”

REVIEW PROCEDURES

A. Authorizing Paid Services

1. Prior to the eligibility review due date, the end dates of any award letters or SSPS authorizations cannot exceed the review due date of the current DDD eligibility.
2. After the eligibility review due date, payments can only be authorized one month at a time until the review process is completed. This includes any new services the person may be entitled to, such as the State Supplementary Payment (SSP) or Medicaid Personal Care (MPC).
3. When an individual appeals his/her eligibility denial, only current services will be continued past the termination date during the appeal period. No new services will be authorized.
4. Emergency authorizations for ICAP clients not previously receiving paid services are limited to one month until eligibility is reviewed.

B. Case Transfers

1. If a family moves to another region and the family is not yet known to the other region, the originating region will:
 - a. Send the review letter to the new address and put the contact name and number of the new home region on the letter; and
 - b. Email the letter to the Field Services Administrator (FSA) in the receiving region as a “heads up” and let them know you can transfer the file upon request if the family contacts them.
2. If there is no request for the case transfer after thirty (30) days:

The originating region follows up with the new region to confirm no contact and calls the family; and

Depending on the outcome of the family contact, the originating region either initiates termination of eligibility and of DDD services, or transfers the case.

3. If the individual or family contacts DDD for an eligibility review, refer them to the region they are living in and transfer the records to that region.

C. **Special Populations**

1. **Allen/Marr Class Members**

A. Protocol for Reassessing DDD Eligibility for Clients at Eastern State Hospital (ESH) or Western State Hospital (WSH).

- 1). The DDD-Mental Health Case/Resource Manager (CRM) and the DDD eligibility review staff will work together to ensure that the timing of the eligibility review is appropriate per DDD policy.
- 2). When DDD determines that an eligibility review is required per DDD Policy 11.03:
 - a) The DDD-Mental Health CRM or his/her designee will notify the DDD Mental Health Program Manager and the ESH Habilitative Mental Health (HMH) Social Worker or the WSH Habilitation Plan Administrator (HPA) that DDD will be reviewing a class member's eligibility.
 - b) The DDD-Mental Health CRM will coordinate and communicate with the ESH HMH Social Worker/WSH HPA in advance of any mailed notifications.
 - c) The ESH HMH Social Worker/WSH HPA will verbally notify the Mental Health Division (MHD) Program Administrator, Washington Protection and Advocacy Services (WPAS) and the client's legal representative, if applicable, that the class member will soon be undergoing DDD eligibility review.
- 3). At a mutually agreeable and clinically appropriate time in the near future, the DDD-Mental Health CRM and the ESH HMH Social Worker/WSH HPA or his/her designee, and the client's legal representative, if applicable, will meet with the class member in person to notify the class member verbally and in writing (DSHS

Form 10-301, Notification of Eligibility Review or DSHS Form 10-303, Notification of Eligibility Review (ICAP) (DDD)) of the intent of DDD to review the class member's eligibility and to discuss the appeal process.

- a) This activity will be documented in the class member's hospital record and the DDD class member's record;
 - b) DDD will provide a copy of Notification of Eligibility Review (DSHS Form 10-301 or DSHS Form 10-303) to the ESH HMH Social Worker/WSH HPA for the client's hospital record; and
 - c) DDD will ensure that a copy of DSHS Form 10-301 or DSHS Form 10-303 is sent to WPAS and the legal representative, if applicable, as well as the DDD Mental Health Program Manager.
- 4). The ESH HMH Social Worker/WSH HPA or his/her designee will notify the HMH treatment team and the Regional Support Network/Mental Health (RSN/MH) liaison that the client will be undergoing an eligibility re-determination.
- 5). The HMH treatment team, along with the appropriate DDD and RSN/MH liaison staff, will identify a strategy for addressing any treatment concerns or considerations this process may present.
- a) The HMH treatment team will document any treatment concerns in the client record;
 - b) The ESH HMH Social Worker/WSH HPA will request that the RSN/MH liaison participate in treatment planning; and
 - c) The HMH treatment team, along with the appropriate DDD and RSN/MH liaison staff will begin to identify any treatment and transition issues that may come as a result of termination of DDD eligibility.
- 6). If the eligibility review determines the client to be ineligible, the DDD-Mental Health CRM will notify the ESH HMH Social Worker/WSH HPA of the decision. At that time, a decision will be made as to how best to deliver the information verbally and in

writing to the client.

- 7). DDD will mail written notification of the eligibility review decision to the ESH HMH Social Worker/WSH HPA, to the client/legal representative and to WPAS as follows:
 - a) If eligible, DDD will send DSHS Form 10-306, Notification of Eligibility.
 - b) If ineligible, DDD will send DSHS Form 10-297A, Notice of Termination of DDD Eligibility for Allen/Marr Class Members via certified mail to the client and legal representative. Such notification shall also include a notice of appeal right using DSHS Form 05-013, Request for Hearing.
- 8). The class member has 28 days from receipt of the termination notice to appeal DDD's decision. The class member may appeal the decision by completing DSHS Form 05-013, Request for Hearing.
 - a) DDD eligibility termination will become effective 30 days from the client's receipt of the termination notice unless the client/legal representative appeals the decision.
 - b) If the client or his/her legal representative appeals the decision, eligibility is continued until the completion of the Department's appeal process.
 - c) DDD eligibility will not be continued during the client appeal through Superior Court, absent a Superior Court order staying the termination of eligibility pending judicial review.
 - d) The ESH HMH Social Worker/WSH HPA will contact the Office of Assigned Counsel (OAC) to ensure that an attorney will be appointed to assist the class member with his/her appeal process.
 - e) These efforts will be documented in the HMH class member's record.
- 9). The DDD-Mental Health CRM will continue to participate actively in treatment planning through the Department's appeal process,

which ends with the Board of Appeals (BOA) decision.

- 10). If the department's denial of eligibility is upheld by the Board of Appeals, DDD will continue the client's eligibility for a maximum ten (10) days. Ten (10) days after receipt of the BOA decision, DDD will terminate the client's DDD eligibility unless there is a Superior Court order to maintain eligibility until the Superior Court decision is rendered.
- 11). If the class member is no longer eligible for DDD services:
- a) The DDD-Mental Health CRM will assist in transition to other appropriate resources as needed. These efforts will be documented in the DDD client record.
 - b) When continued hospitalization is indicated, the HMH treatment team will assist in transitioning the client to an appropriate hospital unit.
 - c) If the client is to be discharged within ten (10) days, the client will remain on the HMH unit rather than be transferred to another hospital unit.
- 12). Should the Superior Court reverse DDD's decision, the client's eligibility will be reinstated and he/she may be transferred back to the HMH Unit.

B. Review Instructions

- 1). If an eligibility review is due on an Allen/Marr Class Member, review the eligibility, even if the person is in a state hospital, as follows:
- a) When an ICAP is required to determine eligibility, make a good faith effort to complete the review; and
 - b) If the client is psychiatrically unstable, proceed only if there is a qualified respondent who is knowledgeable of the person's functional abilities unrelated to his or her psychiatric issues; or

- c) Delay the eligibility review/ICAP until the person's psychiatric condition is stable and/or a respondent becomes available who is familiar with the person in a psychiatrically stable state.
- 2). For individuals who are in a psychiatric inpatient setting, complete the ICAP administration prior to discharge from the hospital, and in time to facilitate a transfer to other DSHS entities if necessary.
- a) When an eligible individual requests to terminate DDD services voluntarily while residing in a state hospital, DDD will acknowledge the request in writing using DSHS Form 10-312, Response to Your Request to Disenroll from DDD, and send copies of the letter to the Washington Protection and Advocacy System (WPAS) and the regional DDD Mental Health Case Resource Manager (CRM).
 - b) When transition planning begins, DDD will review the class member's request with the class member. DDD will notify WPAS in advance of this meeting.
 - c) If the class member wishes to remain eligible for DDD services, DDD will participate in the discharge planning at the state hospital.
 - d) When the person is determined to have met discharge criteria, and confirms that he/she wants to terminate DDD eligibility and services voluntarily, complete DSHS 10-310, Notice of Disenrollment From DDD, and DSHS 10-298, Notification of Termination from DDD HCBS Waiver, and if enrolled in the Waiver:
 - i) Have the person or his/her legal representative sign the form requesting discharge from DDD and DDD services.
 - ii) A witness signature is also advised.
 - iii) Send copies of the signed form to:
 - Washington Protection and Advocacy System (WPAS);
 - Regional Support Network (RSN);

- Central Office Mental Health Program Manager;
and
- Regional Mental Health CRM.

iv) Termination will occur no later than the discharge date from the hospital.

2. **Individuals in Transition**

Confirm eligibility at times of transition or crisis planning (e.g., 16-18 year olds in Division of Child and Family Services (DCFS) dependencies, regional case transfers, or crisis services) subject to criteria in DDD management bulletin(s) and WAC 388-825-030(6)(b)(iv).

- a. If eligibility cannot be confirmed with existing documentation, initiate an eligibility review.
- b. If an eligibility review is overdue, initiate an eligibility review immediately.

3. **Individuals Eligible by ICAP**

ICAP reviews are required per DDD Management Bulletin D04-017 and WAC 388-825-030(6)(b)(iv) as follows:

- a. Adults receiving paid DDD services are not subject to ICAP reviews.
- b. If the person is **not** receiving paid DDD services, the ICAP must be administered prior to the initiation of DDD paid services..
- c. Children receiving paid DDD services are reviewed at age 17, prior to age 18.
- d. Children in foster care are reviewed prior to transition into adult services at age 18 or older.
- e. If the person **is** receiving a paid DDD service, begin working with the person 6 to 12 months prior to the ICAP expiration so that the region can implement one of the following steps in the event the person is eventually determined ineligible:
 - 1). Identify if services are available from another entity. If so,

develop and implement a 90-day transition plan for the person as necessary. DDD may provide further temporary joint delivery of services until the receiving entity can assume full responsibility.

- 2). If no other service entity is available to the person, develop and implement a plan that will assist the person to transition out of DDD services.
- 3). Notify the Division Director when the CRM and the Regional Administrator or designee have been unable to connect the person to another service entity, and failure to deliver continuing service will result in either a risk to the person's safety or a risk to the safety of community members.

4. **Adults in Department of Corrections (DOC) Custody**

- a. DDD will not automatically terminate individuals who are sentenced to DOC correctional facilities. The CRM shall update the CCDB with the person's DOC status.
- b. Voluntary termination from DDD: If an individual requests to terminate his/her DDD eligibility, DDD will request that the individual or his/her legal representative and a witness sign a discharge request letter that explains the consequences of terminating DDD eligibility.
- c. Eligibility Reviews: Proceed with scheduled eligibility reviews and participate in the discharge planning prior to the release date. If an ICAP is required, a qualified respondent must participate.
- d. Eligibility Termination Notification: If an individual is determined to be ineligible for DDD, notify the Central Office Program Manager who coordinates with DOC.

D. **Meeting Compliance Timelines**

1. Initiate required reviews six (6) months before the eligibility end date and/or review date and follow DSHS 10-302, Six Year Eligibility Review Checklist.
2. CRMs will be provided ongoing, current reports with payment data of mandatory and optional client review groups, as follows:
 - Age two and over, with and without paid services;

- Age two and one-half with paid services;
- Age two years, nine months (Special Education transition assessments should be completed and available to DDD);
- Age five, with and without paid services;
- Age five and one-half with paid services;
- Age six and older under developmental delay or Down syndrome, with and without paid services; and
- ICAP review due dates.

E. Notification Requirements

DSHS client notification forms to be used are:

10-213 , Eligibility for Services WAC 388-825-030

10-300 , Notification of Age Six Eligibility Review

10-304 , Notification of Age Three Eligibility Review

10-303 , Notification of Eligibility Review (ICAP)

10-301 , Notification of Eligibility Review

10-297 , Notification of Denial of DDD Eligibility

10-307 , Notification of Denial of Eligibility (Initial Application)

10-310 , Notice of Disenrollment from DDD

10-306 , Notification of Eligibility

05-013 , Request for Fair Hearing

F. Termination Process

1. DDD will initiate termination of eligibility when there is the following lack of response or failure to keep appointments:
 - a. The individual/family fails to return the signed consent form by the fifteenth (15) day of mailing of the notification letter; or
 - b. The individual/family has missed two appointments for an ICAP or has failed to respond to at least two department attempts to schedule an ICAP; or
 - c. The individual/family cannot be located; and
 - d. DDD will document its good faith efforts in the Service Episode Record (SER).
2. Determining the Termination Date

- a. The termination date will be the day prior to the sixth birthday/third birthday/eighteenth birthday, or as soon as possible per the following:
 - 1). A minimum of thirty (30) days plus the time estimated for receipt of the letter; or
 - 2). A maximum of 90 days when transitioning Medicaid Personal Care (MPC) to Children's Administration (CA) or Aging and Disability Services Administration (ADSA) Home and Community Services Division (HCS).
- b. While paid services will be terminated as scheduled, regions can delay the CCDB entry for a few days to ensure that an appeal has not been filed within the 28-day timeline. Additional time is to allow for Office of Administrative Hearing (OAH) mailings of appeal hearing notices to DDD and the individual. Notification and appeal rights are described in RCW 71A.10.060 and WAC 388-825-100.

G. Termination Procedures

1. DDD will contact each individual/family by phone prior to mailing the certified letter to explain the eligibility termination and appeal rights. If the number has been disconnected or changed, document attempts.
2. Notice will be sent by both certified and regular mail to the individual and his/her parent or legal representative as follows:
 - a. For children living in the same household as their parent or legal representative, the notice can be sent in one envelope;
 - b. If the child is in the legal custody of DSHS through a dependency court order, send the notification to the Child Welfare System (CWS) worker, not the parent.
 - c. If the letter is returned due to an incorrect mailing address, the eligibility cannot be terminated until DDD has documented reasonable efforts to locate the client/family (e.g., calling the paid provider, ACES, client registry, phone book, other listed significant others).
3. Notify the individual's CRM of eligibility termination date.
4. Allen/Marr class members: Whether the client is a state hospital patient or

residing in the community, send copies of the termination letter to:

- Washington Protection and Advocacy System (WPAS);
 - Regional Support Network (RSN);
 - Central Office Mental Health Program Manager; and
 - Regional Mental Health Case Resource Manager.
5. Use only the DSHS/DDD termination form letters. The termination form letter must be sent with a:
- a. Copy of DSHS 10-213, *Eligibility for Services WAC 388-825-030*; and
 - b. DSHS 05-013, *Request for Fair Hearing*, stamped with the DDD office name and address so the hearing information gets distributed correctly.

H. **Regional Responsibilities**

1. Determine staff responsibilities that will enable compliance with the review of children turning six receiving a paid service.
2. The regional Mental Health CRMs will distribute the list of Allen/Marr class members to staff doing eligibility reviews on a monthly basis.
3. Provide initial and ongoing training to CRMs or supervisors who do eligibility determinations or administer ICAPs.
4. Track eligibility data.
5. Enter the eligible condition and next review date into the CCDB in a timely manner to ensure accuracy of departmental inquiries.
6. With the termination of DDD eligibility, assure that DDD payment authorizations, waiver eligibility, and waiver-related Medicaid documents are simultaneously closed/terminated.
7. Provide quality control and oversight regarding eligibility decisions, compliance with review timelines, termination of payments and waiver eligibility simultaneous with termination of DDD eligibility, and proper notification and appeal rights.
8. Develop regional procedures addressing eligibility reviews and staff responsibilities, staff training, and quality assurance of the process.

I. Quality Control and Compliance (QCC) Coordinator Responsibilities

The QCC staff in each region will assist the regions with:

1. Developing regional plans and strategies to ensure compliance and statewide consistency.
2. Providing review data, status reports, and oversight and assistance with CCDB entry.
3. Consulting with CRMs regarding implementation of statewide review policy and procedures.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSION:

DDD Policy 11.03
Issued June 29, 2004

DDD Policy 11.03
Issued December 16, 2003

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: 11/30/2004